

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE - SHORT FORM C

FOR
AGENCY
USE

APPLICATION NUMBER									
DATE RECEIVED									
YEAR			MO.			DAY			

To be filed only by persons engaged in manufacturing and mining

Do not attempt to complete this form before reading accompanying instructions

Please print or type

1. Name, address, location, and telephone number of facility producing discharge

A. Name LESLIE SALT CO.

B. Mailing address

1. Street address PO BOX 364

2. City NEWARK

3. State CA

4. County ALAMEDA

5. ZIP 94560

C. Location:

1. Street 295 HARBOR BLVD

2. City REDWOOD CITY

3. County SAN MATEO

4. State CA

D. Telephone No. 415 368-3120

Remarks _____

Area
Code

2. SIC

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(Leave blank)

3. Number of employees 8 PERMANENT 32 SEASONAL

If all your waste is discharged into a publicly owned waste treatment facility and to the best of your knowledge you are not required to obtain a discharge permit, proceed to item 4. Otherwise proceed directly to item 5.

4. If you meet the condition stated above, check here ☐ and supply the information asked for below. After completing these items, please complete the date, title, and signature blocks below and return this form to the proper reviewing office without completing the remainder of the form.

A. Name of organization responsible for receiving waste _____

B. Facility receiving waste:

1. Name _____

2. Street address _____

3. City _____

4. County _____

5. State _____

6. ZIP _____

5. ☒ Principal product, ☐ raw material (Check one) SALT

6. Principal process EVAPORATION

7. Maximum amount of principal product produced or raw material consumed per (Check one)

Basis	Amount							
	1-99	100-199	200-499	500-999	1000-4999	5000-9999	10,000-49,999	50,000 or more
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A. Day								
B. Month								
C. Year								X

8. Maximum amount of principal product produced or raw material consumed, reported in item 7, above, is measured in (Check one):

A. ☐ pounds B. ☒ tons C. ☐ barrels D. ☐ bushels E. ☐ square feet
F. ☐ gallons G. ☐ pieces or units H. ☐ other, specify _____

9. (a) Check here if discharge occurs all year ☐ , or

(b) Check the month(s) discharge occurs:

1. ☒ January 2. ☒ February 3. ☒ March 4. ☐ April 5. ☐ May 6. ☐ June
7. ☐ July 8. ☐ August 9. ☐ September 10. ☐ October 11. ☐ November 12. ☐ December

(c) Check how many days per week: 1. ☐ 1 2. ☒ 2-3 3. ☐ 4-5 4. ☐ 6-7

10. Types of waste water discharged to surface waters only (check as applicable)

Discharge per operating day	Flow, operating gallons per day					Volume treated before discharging (percent)				
	0.1-999	1000-4999	5000-9999	10,000-49,999	50,000- or more	None	0.1-29.9	30-64.9	65-94.9	95-100
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Sanitary, daily average										
B. Cooling water, etc. daily average										
C. Process water, daily average					X	X				
D. Maximum per operating day for total discharge (all types)					X					

11. If any of the three types of waste identified in item 10, either treated or untreated, are discharged to places other than surface waters, check below as applicable.

Waste water is discharged to:	Average flow, gallons per operating day				
	0.1-999 (1)	1000-4999 (2)	5000-9999 (3)	10,000-49,999 (4)	50,000 or more (5)
A. Municipal sewer system					
B. Underground well					
C. Septic tank					
D. Evaporation lagoon or pond					
E. Other, specify					

12. Number of separate discharge points: A. ☒ 1 B. ☐ 2-3 C. ☐ 4-5 D. ☐ 6 or more

13. Name of receiving water or waters WESTPOINT SLOUGH (FIRST SLOUGH)

14. Does your discharge contain or is it possible for your discharge to contain one or more of the following substances added as a result of your operations, activities, or processes: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols, oil and grease, and chlorine (residual). A. ☐ yes B. ☒ no

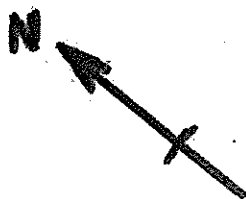
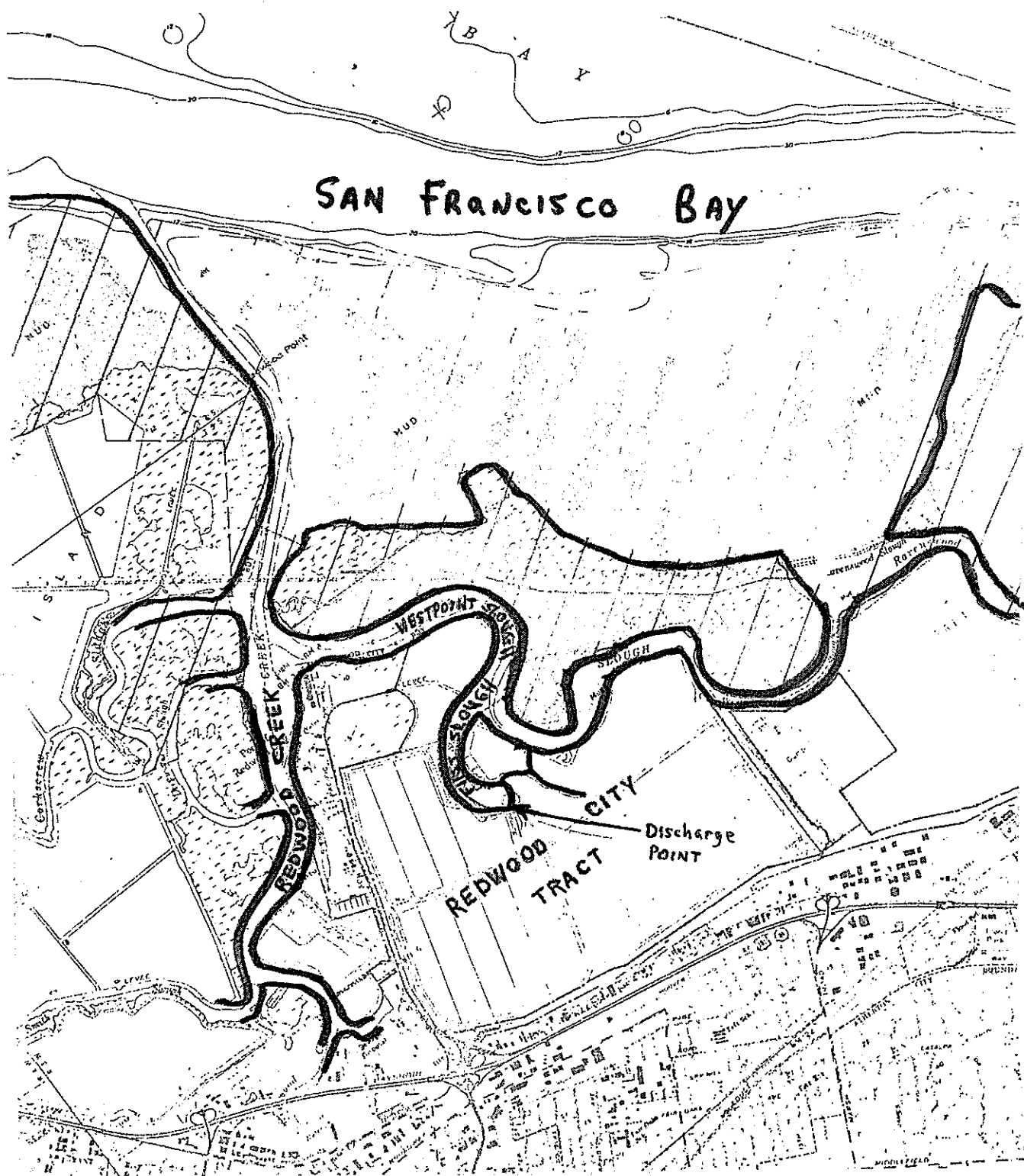
I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

JOHN PYLES
Printed Name of Person Signing
5/27/82
Date Application Signed

MANAGER SOLAR PRODUCTION
Title
John Pyles
Signature of Applicant

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations; or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.



No Scale

STATE OF CALIFORNIA
REGIONAL WATER QUALITY CONTROL BOARD
SAN FRANCISCO BAY REGION

LESLIE SALT COMPANY
REDWOOD CITY FACILITY

DRAWN BY: *ff* DATE: 6/21 DRWG. NO.

HAWKSLEY LABORATORIES

220 Cutting Blvd. • Richmond, CA 94804 • (415) 235-5780



-WATER TECHNOLOGY-

WATER POLLUTION • WATER TREATMENT • LABORATORY • CONSULTATION

AMERICAN COUNCIL OF INDEPENDENT LABORATORIES . . AMERICAN CHEMICAL SOCIETY . . AMERICAN SOCIETY FOR TESTING MATERIALS
AMERICAN WATER WORKS ASSOCIATION . . WATER POLLUTION CONTROL FEDERATION . . NATIONAL ASSOCIATION OF CORROSION ENGINEERS
REGISTERED PROFESSIONAL CHEMICAL ENGINEERS

REPORT OF ANALYSIS

April 5, 1982

Leslie Salt Company
P.O. Box 364
Newark, CA 94560
Attn: Mr. John Pyles

SAMPLES DATED: 3/31/82

SAMPLES MARKED:

T.D.S., ppm

B.O.D., ppm

^RBedwood Crystallizers
CITY

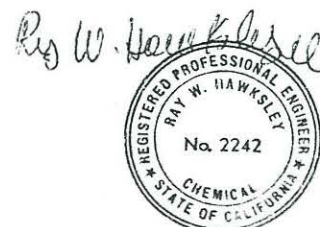
29108

8

Newark Crystallizers

28570

10



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B I O A S S A Y R E P O R T

Leslie Saly Company
FOR: Newark, CA

DATE: April 5, 1982

SAMPLE MARKED: ⁸Bedwood Crystallizers
CITY

SAMPLE DATED: 3/30/82

TEST STARTED: 3/31/82

TEST COMPLETED: 4/4/82

RESULTS: 24 hr 48 hr 72 hr 96 hr

TL _____
m

SURVIVAL _____ 100% 100% 100% 100%

TEST SPECIES: Gasterosteus Aculeatus Weight 0.8 g SIZE: 3 cm SOURCE: Alameda Co.

DILUTION WATER: none

TEMP: °C 20- 20 20 20

LAB WORKSHEET

DILUTION (% Sample)	Start				24 hr			48 hr			72 hr			96 hr			
	pH	DO	ALK.	HARD- NESS	pH	DO	SURV.	pH	DO	SURV.	pH	DO	SURV.	pH	DO	ALK.	SU
100 %	8.3	9.2	100	7000	8.3	9.1	20	8.3	9.1	10	8.2	9.2	20	8.2	9.2	100	20

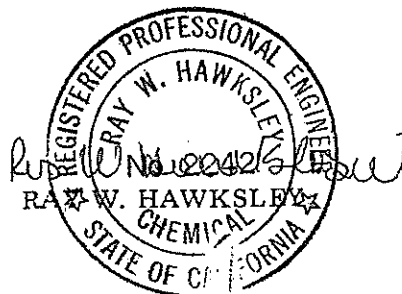
____ %

____ %

____ %

____ %

Control



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.00 %	8.3	9.2	100	7000	8.3	9.1	20	8.3	9.1	10	8.2	9.2	20	8.2	9.2	100	20
_____ %																	
_____ %																	
_____ %																	
_____ %																	

Control

